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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	IVOL0001
	First Inventor or Application Identifier	Checkoway et al.
	Title	E-Mail Answering Agent
	Express Mail Label No.	EL540886794US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>41</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>14</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b>
4. Oath or Declaration [Total Pages <b>2</b> ] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
<b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>	8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
	9. <input type="checkbox"/> English Translation Document (if applicable)
	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	15. <input type="checkbox"/> Other: _____
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit _____ <b>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b>	
<b>17. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>22862</b> or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name	
Address	
City	State Zip Code
Country	Telephone Fax

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Date	12/27/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>Unassigned</td></tr> <tr><td>Filing Date</td><td>Herewith</td></tr> <tr><td>First Named Inventor</td><td>Checkoway et al.</td></tr> <tr><td>Examiner Name</td><td>Unassigned</td></tr> <tr><td>Group / Art Unit</td><td>Unassigned</td></tr> <tr><td>Attorney Docket No.</td><td>IVOL0001</td></tr> </table>		Application Number	Unassigned	Filing Date	Herewith	First Named Inventor	Checkoway et al.	Examiner Name	Unassigned	Group / Art Unit	Unassigned	Attorney Docket No.	IVOL0001
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 395.00															

<p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 07-1445</p> <p>Deposit Account Name: Michael Glenn</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b></p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. 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581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00																																																																																																																																																																																																																																																																																																																
146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																																																																																																																																																																																	
149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																																																																																	
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<b>SUBTOTAL (3)</b>					(\$ 40.00)																																																																																																																																																																																																																																																																																																																

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Michael Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Telephone	650-474-8400
		Date	12/27/2000